



"Generational" malaise

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Dear colleagues,

We often read, in this journal included, that family physicians entering practice today are less committed; that new physicians are more concerned about finding the right balance between their personal and professional lives; and that our society is not as well served as it could or should be. How should the College respond to this? What is the CFPC doing to nudge its members to do "the right thing"?

Results of the 2012 National Physician Survey (NPS) of medical students and residents help to provide a glimpse of medical students' aspirations.

- In 2010 and 2012, 48% of medical student respondents indicated family medicine was 1 of their top 3 choices; the longer students have been training, the more likely they are to list family medicine in their top 3 (40% in year 1, 48% in year 2, 51% in year 3, and 60% in year 4).¹
- In 2012 a total of 17% of family medicine residents and 15% of medical students indicated that they were planning to provide care to rural or remote populations (compared with 14% and 7%, respectively, in 2010).¹

We know medical students face considerable demands aside from the demands of mastering the competencies required to become a physician. The 2012 Family Medicine Education Forum was on the topic of transitions—transitions in general but, more specifically, the transition from residency to practice. The testimonials presented at this meeting reminded me of how much more complex resident life is than it was when I did my postgraduate training—potential issues if one has children, needing to support aging parents, as well as the debt load incurred during medical school and residency. These are only some of the realities being faced by physicians entering practice today. Many factors influence place and type of practice. When the future physician respondents to the 2012 NPS were asked what factors influenced selection of a preferred practice environment, proximity to family or a spouse was most important (84%), followed by practice-specific domains (48%) and personal interaction with the community (47%).

How is the College responding to the challenges faced by today's new physicians and encouraging them to select careers in family medicine? The Section of Medical Students was created with the objective of increasing the understanding of family practice; enhancing medical students' exposure to positive role models in family practice to appropriately influence career choice; and increasing medical students' understanding of what it is to be a resource to a community. Facilitation of family medicine interest groups across the country has also helped with

these objectives. Competency-based and distributed medical education at the undergraduate and postgraduate levels can have a powerful and positive influence on medical students. There is nothing that beats being mentored by an engaged family doctor who not only nurtures the special relationships he or she has over time with patients, but who is also engaged in activities that make his or her community a better place to live. In the 2010 NPS, 82% of medical student respondents listed the doctor-patient relationship as the strongest motivation for selecting a career in medicine, and 75% indicated that a wish to improve the health of the population was a strong motivator.¹

Numerous College initiatives also aim to better support family medicine learners during their transitions in residency and practice: the Triple-C Curriculum, the Section of Residents' activities, and the First Five Years in Family Practice group support those who chose family practice. Further, the vision of the Patient's Medical Home, and of educating future physicians within these types of practices, is that we aim to produce well-trained clinicians who will commit to continuity and comprehensiveness of care, who will be a resource to communities, and who will have developed the kind of leadership attributes that enable them to "do the right thing." This includes capitalizing on the synergy that comes from working in a team, particularly when looking after complex patients. In the 2012 NPS, 68% of family medicine resident respondents planned to join interprofessional practices.¹

Results of the 2013 Canadian Resident Matching Service match are encouraging: the highest percentage of graduating medical students in the past 7 to 10 years (36.3%) selected family medicine as a preferred career choice. Family medicine was particularly popular at the Northern Ontario School of Medicine (62.5%), the University of Ottawa (45%), and Dalhousie University (41%).² Sceptics (and we can all be sceptics at times) say that medical students choose family medicine as a path to something else, such as emergency medicine, or that the rumours about saturation in certain specialties are driving this increase. Medical career choice is complex and multifactorial indeed. But practising medicine is a privilege conferred on us by society. If we fail to meet society's expectations, that privilege can be withdrawn. I am confident that with the appropriate infrastructure and with the many initiatives under way we can meet this challenge. This is a responsibility that we must share collectively. 🌱

Acknowledgment

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References

1. College of Family Physicians of Canada, Canadian Medical Association, Royal College of Physicians and Surgeons of Canada. *National Physician Survey*. Mississauga, ON: College of Family Physicians of Canada; 2012.
2. *Canadian Resident Matching Service* [website]. Ottawa, ON: Canadian Resident Matching Service; 2013. Available from: www.carms.ca. Accessed 2013 Mar 22.

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